



MASTER SERVICES AGREEMENT WORK AUTHORIZATION

Town of Bluffton
PO Box 386
Bluffton, SC 29910

PROJECT NAME:

PROJECT ACCOUNT CODE:

MSA WORK AUTHORIZATION NO:

DESCRIPTION OF WORK TO BE PERFORMED:

SAMPLE
FORM

REQUESTED BY:

☐

Provide estimate before proceeding with work.

☐

Proceed with work.

LABOR

	LUMP SUM	T&M (NTE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

EQUIPMENT

	LUMP SUM	T&M (NTE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MATERIAL

	LUMP SUM	T&M (NTE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE

	START	END
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contractor Representative

Town Representative

Date